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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

09/504,000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR .			NUMBER FILED		NUMBER	NUMBER EXTRA		RATE	FEE	1	RATE	FEE	
BASIC FEE							345.00	OR		690.00			
TC	TAL CLAIMS		<u> </u>	minus 2	20= *	2		X\$ 9=		OR	X\$18=	inQ	
INE	EPENDENT CL	AIMS	5	minus	3= * 2			X39=		OR	X78=	100	
MULTIPLE DEPENDENT CLAIM PRESENT							ŀ	+130=		1	+260=	100	
* If the difference in column 1 is less than zero, enter "0" in column 2								·		OR		M. J.	
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL OTHER	454	
(Column 1) (Column 2) (Column 3)								SMALL ENTITY			SMALL		
AMENDMENT A		CLAII REMAII AFTE AMENDI	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*		Minus	**	= '	X\$ 9=		OR	X\$18=			
AME	Independent	*		Minus	***	=		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=		
								TOTAL DDIT. FEE			TOTAL		
(Column 1) (Column 2) (Column 3)									<u> </u>	jjon ,	ADDIT. FEE		
AMENDMENT B		CLAII REMAII AFTE AMENDI	MS NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND	Total	*		Minus	**	=		X\$ 9=		OR	X\$18=	٠.	
AME	Independent	*	05.14	Minus	***	<u> </u> =		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=	-	OR	+260=			
							Δ.	TOTAL			TOTAL		
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE													
MENT C		CLAIN REMAIN AFTE AMENDI	MS NING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus	**	=	1	X\$ 9=		OR	X\$18=		
	Independent	*		Minus	***	=		X39=		OR	X78=		
	FIRST PRESE	NTATION	OF MU	ILTIPLE DEP	ENDENT CLAIM			. 100		Î			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+130= TOTAL		OR [+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/504,005

Total Fee Calculation

	Fee Cade	Total # Claims	Number Extra	X	Fee	Fec		Total
	ree Code	~ C(2)((1)	21113		166	гес		Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Busic Filing Fee	201/101		4				-	690
Total Claims >20	203/103	26 -20 -	<u>6</u> .	X		<u>/8</u> _	-	<u>100</u>
Independent Claims >3	202/102	5 ., -	2	x		78	•	15%
Mult. Dep Claim Present	204/104						•	
Surcharge	205/105	•	•				-	130
English Translation	139							
TOTAL FEE CALCULA	ATION					*		1084
Fees due upon filing t	he application:							
Total Filing Fees Due = $5 1084$								
Less Filing Fees Submitted - \$								
BALANCE DUE	= \$	1,084		_				
mon Villa	02/23/	- -						
Office of Initial Patent	1	Dra						
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Figure 7

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FORM OIPE-RAM-01 (Rev. 12/97)